

**Cuyahoga County Community Mental Health and Retardation Board (CCCMHRB)
To The Alcohol, Drug Addiction and Mental Health Services (ADAMHS)
Board of Cuyahoga County**

Forty Four Years of Progress

By: H. Bernard Smith

HISTORY

The CCMHRB began in 1968. The Board had responsibility for planning, coordinating, monitoring, and funding services for persons with mental illnesses, some services for persons with developmental disabilities, and services for those persons with alcohol and/or addictions.

Earlier legislation had established the Mental Retardation Boards. Advocates for the mentally retarded were successful in adding a mental retardation component to the new Mental Health Boards.

In 1980, the State transferred responsibility for the care of the mentally retarded to County Mental Retardation and Developmental Disability Boards. In Cuyahoga County this board is now named the County Board of Developmental Disabilities.

In 1983, the General Assembly enacted an Alcohol and Drug Addiction Services Act and created a new State Department to administer it. The ten largest Ohio counties were to decide whether they would have separate Mental Health and separate Alcohol and Drug Addiction Boards or to combine them.

In 1988, the State strengthened the powers of the Mental Health Boards to develop an integrated system of care for seriously mentally ill persons. The Board's makeup was increased from 9 to 18 members. Boards were mandated to include consumers and their families on the Boards. The State also mandated enhanced training of mental health professionals, and of case management personnel in community support systems. Boards were allowed to divert State funds from State Hospitals towards locally operated programs. Local Boards evaluated and diagnosed patients in need of admission to State Hospital beds for which the Boards had per diem financial responsibility.

At its high point in 1955 Ohio had 28,533 residents in State hospital beds. Following the establishment of Mental Health Boards in 1967 and its system of contract agency services the statewide resident population was reduced to 4,735 in 1982, and to 1,057 in 2007. It is less than that today.

In 1989 the Cuyahoga County Commissioners established separate Alcohol and Drug Addiction, and Mental Health Boards. This directive was reversed, however, by the County Commissioners in 2009. Consolidation of the boards was accomplished in July 1,

2009. The Board underwent orientation and training programs to accommodate the joining together separate mandates, cultures and Board membership.

BOARD MEMBERSHIP

Board makeup is now: ten appointed by the County Executive Officer, and four each by the directors of the Department of Mental Health, and the Department of Alcohol and Drug Addiction Services. (The prior Board members were appointed two thirds by the County Commissioners and one third by the State Director of Mental Health.) Board terms are for four years, and limited to two successive terms. From its inception the local Board members included family members.

The most recent chair, Rev. Charlotte Still Noble, FY 2010-2012, was on the former Alcohol and Drug Addiction board. The new Chair, Harvey Snider, Esq., starting FY 2012, is a long term family advocate and was board president of NAMI, State and Cleveland chapters.

Over the past 44 years, hundreds of Cuyahoga residents, both lay and professional, have served with dedication and commitment to carry out the Board's mission. One member in particular, L. Douglas Lenkoski, M.D., deserves special recognition. He was the former Chair Department of Psychiatry, Chief of the Medical Staff, University Hospitals, a member of the original Citizen's Committee, the Mental Health Planning Project, and active in the statewide efforts to enact a Community Mental Health Services Act. He was the second chair of the new Board. He served a total of 17 years first on the original Mental Health board and then on the ADAMHS board. In 2007 he was awarded the Board's Lifetime Achievement Award.

The first Executive Director of the Board was H. Bernard Smith. He had been the Planning Consultant to the Citizens' Committee, Comprehensive Mental Health Planning Project, Region 1, and Planning Associate, Welfare Federation's follow up Mental Health Planning Committee to the Citizens' Committee. He was the author of the Citizen's Committee Report, "Interaction for Mental Health" (1965). He had knowledge of community resources, gaps and needs. Smith employed Kathleen Stoll as the Deputy Director of the Board. Stoll had a broad background in state hospitals having worked in several out of state and in Ohio including Cleveland State Hospital.

The current Executive Director is William M. Denihan. He is in his eleventh year of service to the Board. Denihan has served as director of numerous State and local departments. He was the State and Cleveland Safety Director, candidate for the Mayor of Cleveland, served for thirty five years as a "change agent", and is a recognized authority in stabilizing troubled departments in Ohio.

BOARD PRIORITIES

The major concern of the Board was to provide services to the most disadvantaged and needy in the community. This included services to those seriously mentally ill and services directed to the inner city Cleveland communities which had four of Ohio's highest poverty areas. Today it is number one in America in housing foreclosures. The Board was aware that the State would be closing State hospitals and that there would be an exodus of hospital patients into the community without adequate resources to accommodate them.

Cognizant of the Federal Community Mental Health Centers Act providing construction and staffing funds to geographic areas of 200,000 persons, the Board sought such developments.

There was skepticism among the existing community agencies regarding the Community Mental Health Services Act and the availability of Federal, State and County monies for these services. The traditional agencies had been 'burnt' by the Federal Anti Poverty Programs. Many had expanded their programs with anti poverty monies only to have these funds withdrawn causing them to lay off staff and terminate their services.

Matching monies to secure Federal, State and local funding was difficult to obtain. Several new mental health agencies attempted to secure funding from the United Way of Cleveland, but were unsuccessful. The Board recognized that if new services were to begin the Board would have to develop and fund them.

Board staff was deployed to work in inner city areas to locate lay leadership, to inform them of the Federal model of community mental health centers, the staffing funds available for such centers, and to organize new programs. Staff helped them form new citizen boards to qualify for and to apply for Center grants.

CENTER DEVELOPMENT

A community mental health center was required to have five essential elements of care: emergency, outpatient, inpatient, partial hospitalization and consultation and education services.

Four Mental Health Centers were developed and functioned in the County as a result of Board efforts. The new Centers included: Community Guidance and Human Services in the Hough community; the near West Side Community Mental Health Center; the Murtis Taylor Multi Service Center in Mt Pleasant area (in cooperation with the Greater Cleveland Neighborhood Association.); and Marymont Hospital Mental Health Center.

The first Mental Health Center in the County was initiated in the late 1960s at Marymont Hospital under the leadership of Sister Mary Camille, Sisters of Saint Joseph of the Third

Order of St. Francis, serving the southeastern portion of the County. The Ohio Director of Mental Health was present at the dedication and opening of the Center.

Similar planning efforts in East Cleveland and Glenville were started, but were unsuccessful.

The Mental Health Centers had a commitment to maintain their operations for fifteen years. All have since disappeared with the exception of the Murtis Taylor Human Services System which has expanded. The population previously served by Marymont Mental Health Center was absorbed by the Murtis Taylor Human Service System, with an office across from Marymount Hospital to serve them. Additionally, Murtis Taylor Systems operates programs for persons with mental illness, and/or alcohol and drug problems in East Cleveland, Glenville, Downtown Cleveland, the near West Side, and Mt. Pleasant. They also serve children, hearing impaired, and individuals prior to and after serving jail time.

The West Side Center combined with Hill House, a social rehabilitation program, merged and later became Bridgeway. Bridgeway was an efficient and successful agency. They then affiliated with the Cleveland Christian Home. Difficulties ensued, the agency was facing bankruptcy, and the ADAMHS Board terminated their contract in early 2012. All 400 consumers including 100 residing in residences were transferred to other agencies.

The Board in FY 2012 had contracts with over 60 mental health/behavioral providers, and over 50 alcohol and drug abuse providers. The history of contract agencies as with other health providers reveals one of consolidation and mergers. Economics drives incorporation into larger organizations with lower administrative and operating costs.

PSYCHIATRIC BEDS

This Section on Psychiatric Beds written by Kathleen H. Stoll

The closing of the Northcoast State Behavioral Health Care campus, located in proximity to MetroHealth Hospital, removed that last State psychiatric hospital from Cuyahoga County and the City of Cleveland. It was closed in 2011. It is in fact the last of the three State hospitals to be closed, and leaves Cuyahoga County, the largest metropolitan area in the State, with no State institution for the benefit of the mentally ill needing acute (or longer term) psychiatric care who are without financial resources or insurance to pay for such care. These are now less than 1,000 beds in State Hospitals across the State.

The real tragedy of this loss is that for five years, the State had planned to build a new facility in the City of Cleveland, in a central location for patients and families. It would have been proximate to Case Western Reserve, which has a medical school, nursing school, social work school, and advanced psychology degrees, with research faculty already in place. It would have been close to Cleveland State University, which has degree programs in social work and nursing, and has recently established a relationship

with the Northeast Ohio University College of Medicine (and pharmacology). It would have been proximate to the Cleveland Clinic which has extensive research facilities in psychiatry and neuroscience. It could have the focus of state of the art clinical care, education, and research. It would also have provided a major economic resource to the City and the County, as well as accessible care for medically indigent patients and their families in Cleveland.

Now the closest psychiatric care for indigent patients is provided in Summit County, requiring patient transport for 15 miles from the City of Cleveland by local police or medical emergency services. It also means that families of patients housed in Summit County State Hospital facilities will be challenged to find transportation and funds to visit their loved ones to provide continued support for their recovery. There is no public transportation available. Case managers from agencies serving these patients, also will be challenged to find the time and transportation to keep contact with their patients and to coordinate discharge planning for patients, a known barrier to proper planning and earlier release.

The Northcoast State Hospital campus closed in 2011 was originally built in 1922 as Hoover Pavilion, part of MetroHealth Hospital. The facility was old and obsolete. It had been transferred to the State in 1945 as a State Receiving Hospital, to help reduce the over-crowding of Cleveland State Hospital and provide improved acute psychiatric care. It was known as Cleveland Psychiatric Institute, before it became part of the Northcoast system. It also had a psychiatric residency training program, and supported research and training in other professions providing mental health services.

In 1966, Fairhill Mental Health Center was opened, in a renovated Marine Hospital, as a State Receiving Hospital. It was an open hospital, with a psychiatric residency training program, It provided improved acute care, and contributed to reducing the population at Cleveland State Hospital. Fairhill Mental Health Center was closed in 1983.

During the 60's period, Cleveland State Hospital in Cuyahoga County had become a leader in the development of programs to prepare its residents for community living. Programs included milieu therapy, a token economy, a half-way house, a three quarter way house, innovative placement programs in foster homes, group homes, nursing homes, a Fairweather program based on a national model for patients who lived and worked together, a self-governing community, vocational rehabilitation and multiple living (program of small groups of 2-4, living in apartments). These programs were well-organized, studied, reported in the literature and the closing of this hospital and the results for both patients and staff were studied by researchers and reported elsewhere.

In 1975, Cleveland State Hospital was closed. Only 600 of its patients were moved to the Summit county campus for continued long term care. The remaining 2600 patients were placed in the community or moved to nursing homes due to their age and needs for care.

The Supreme Court ruled in 1975 that involuntary hospitalization and or treatment was a violation of a person's civil rights, and persons could be committed to psychiatric hospital

only if he was of danger to himself or others, and that patients could refuse treatment. In other words, patients should be treated in the least restrictive environment.

State law in Ohio since 1989 has mandated psychiatric treatment in the “least restrictive” environment. Insurance, both public and private, has limited its payment for acute inpatient psychiatric care, and none for longer term care needed for treatment of more severe mental illness.

In this same 50 year period of time, all the private psychiatric hospitals in Cuyahoga County have been closed: Ingleside, Ridgcliff, Woodruff, and Winsor. The only free-standing private psychiatric hospital serving the County is Laurelwood, in Lake County.

Hanna Pavilion, the psychiatric hospital of University Hospitals was built in 1952, closed in 2008, and torn down. It is been replaced by one adult and one geriatric psychiatric unit at Richmond Hospital, in Richmond Heights, outside the City of Cleveland. In addition, a twelve bed child and adolescent unit was established at Rainbow Hospital, on the main campus of University Hospitals in Cleveland.

Statewide, the number of private psychiatric hospitals has shrunk from 120 to 80, and number of private psychiatric beds has shrunk from 2800 to 2000. . There are now 14 general hospitals in Cuyahoga County with 400 acute psychiatric beds to serve a population of 1.3 million persons. The net result has been a loss of access to acute psychiatric inpatient care for all those with or without public or private insurance.

However, during this same period of time, the population in State Prisons has risen to 55,000 prison inmates, some of whom are receiving mental health or AOD treatment. Of the residents in Ohio jails, 19% are from Cuyahoga County alone, or more than 10,000 persons.

For those minor offenders needing mental health or alcohol or other drugs, treatment, this is not treatment in the least restrictive environment. The State does not meet its constitutional obligation for the care of the mentally ill or those suffering from alcohol or drug abuse in the least restrictive environment for residents in Cuyahoga County.

POPULATION SERVED

The ADAMHS Board’s last three fiscal year reports reveal a slow but steady increase in the number of individuals served for mental health, alcohol and/or drug addiction services (AOD). There were 51,834 individuals served in FY 2011: 42,649 were consumers of mental health services; 9,185 were AOD service consumers served. For comparison, the fiscal year 2009 total persons served was 48,449. This growth occurred in a period of budget and staff reductions.

Did the persons served reflect the Board’s driving issues of services to the most needy—the inner city, and most seriously mentally ill?

The Board's Annual Report FY 2011, shows that 59 percent of mental health services were provided to residents of Cleveland, and an additional 15 percent to residents of the surrounding inner ring communities: Cleveland Heights, East Cleveland, Garfield Heights, Lakewood, Maple Heights, Shaker Heights for a total of 74 percent residents served for mental health problems.

Sixty four percent of the total AOD services were received by Cleveland residents, and an additional 15 percent in the surrounding ring communities to total 84 percent of individuals served.

The same FY 2011 Report breaks out consumers of mental health services by diagnostic categories. The four major mental illness categories constituted 58 percent of those served (Schizophrenia 16 %, Bipolar Disorder 11%, Major Depressive Disorders 19%, and Adjustment Disorders 12%).

The AOD categories included alcohol abuse, alcohol dependence, cannabis abuse, cannabis dependence, cocaine dependence, opioid dependence, and other diagnosis for 100 % of the categories.

An April 2011 study: "Behavioral Health Needs Assessment for Cuyahoga County" prepared as a joint effort by the Center for Community Solutions and ADAMHS provided a more detailed study:

Mental Health

A total of 36,800 low income persons had their mental health needs met or 57 percent of those in need were served. 27,500 individuals or 43 percent were unserved.

The Cuyahoga rate of 57 percent in meeting needs was the second lowest among six comparable counties in Ohio. The statewide average rate of meeting mental health needs was 67 percent.

AOD

A total of 9,700 low income individuals received AOD services or 32 percent of those in need were served. Unserved individuals totaled 19,775, or about 68 percent were unserved. Cuyahoga rate of 32 percent in meeting AOD needs was the second lowest among six comparable counties in Ohio. The statewide average rate of AOD needs met was 41 percent.

FUNDING

The population served would not be possible without adequate funding. This has been a major problem for the Board, especially these last several years.

The initial 1968 allocation from the Cuyahoga County Commissioners was \$13,000. Over the years the Board budget has grown. The FY 2012 ADAMAS total budget is over \$154 million. This includes \$34.3 million County support (Cuyahoga County government now operates with an Executive Director and a County Council consisting of 12 elected officials representing geographic County areas); State contribution over \$ 5 million; and additional Federal and State monies of about \$15 million. The major revenue source of the Board is the Medicaid program and matching State funds of about \$100 million.

The ADAMAS Board, however, has experienced drastic reductions since FY 2009 in County and State funding. FY 2010 was the beginning of the national recession that negatively impacted on County and State capacities to fund the Board. In FY 2012 the State matched the required Medicaid grant, relieving the Board the responsibility to provide this match. The State, however, slashed its allocation to the ADAMAS Board for community programs justifying their action on grounds of the large Medicaid grant and State match.

IMPACT OF FUNDING LIMITATIONS

The Board has been bombarded with decreases in County and State dollars while the service needs continue to rise. Agencies are experiencing delays in seeing new clients and for the first time there are waiting lists.

The group severely impacted is the Non-Medicaid population—those who are too poor to pay for services and yet not poor enough to qualify for Medicaid. The Board has encouraged contract agency to reach out to this particular population.

The Board has imposed limits on contract agencies administrative overhead. This cost has been reduced from 18% to 12% and for FY2012 to 10%.

The FY 2012 funding application procedure brought about the elimination of seven existing contract agencies. Several agencies were encouraged to explore mergers. Six providers have consolidated or formed partnership administrative sharing arrangements to reduce their financial overhead.

The Board has emphasized program outcomes and utilization reviews and requires providers to include outcome data in their proposals for funding from the Board.

Since January 2011, the Board initiated SCALE (Screening, centralized assessment, level of care assignments), a program management tool to assess and improve the

level of care provided to consumers. It also initiated a centralized intake procedure with three outposts to reduce costs and to reach more unserved persons, especially the Non-Medicaid group.

The Board placed limits on individuals seeking more than one detoxification within a 12- month period. Exceptions may be made by the Board's Chief Clinical Officer on a case by case basis to override this policy.

The State has imposed quotas that limit psychiatrist availability to patients. This is regrettable and does not conform with good medical practice.

These cutbacks in staff and budgets can increase the overall cost to the community in more use of emergency rooms, courts, jails and prisons.

CONSOLIDATION

The Cuyahoga Commissioners, in 2007, charged both the separate Community Mental Health Board, and the Alcohol and Drug Addiction Board to merge into a single organization to better serve their respective populations, and to effect a more efficient, effective and cost saving operation. Over 18 months both Boards worked and planned together in a detailed and transparent process involving Board members, staff and consumers that resulted in the creation of Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board of Cuyahoga County which began functioning July 1, 2009.

Special legislation was required and passed in 2008 by the Ohio General Assembly that amended State law to permit counties with separate Mental Health Boards and Alcohol and Drug Addiction Boards to consolidate into one Board. The law expanded Board membership to eighteen, nine that have an 'interest' in mental health, and nine that have an 'interest' in alcohol and other drug addictions.

The new consolidated Board effected cost savings of \$2.5 million in the first year by reducing one hundred combined staff positions to 70 staff positions. These cost savings were turned back into service operations. In July 2011, further staff positions were eliminated down to 46 positions due to State and County funding reductions. Further, rental costs were reduced from rent at two locations, to one office, (a 10 year lease) with a savings of \$440,000 each year.

As Board members and staff have noted, "The new ADAMHS Board was built upon the strengths of both former Boards. Costs savings and integration of service delivery protocols allow the ADAMHS to better serve consumers and clients through a more efficient behavioral health care system in Cuyahoga County."

JOINT MENTAL HEALTH AND PRIMARY CARE

Individuals with mental illnesses and/or substance abuse disorders usually have concomitant health and medical needs that overlap and require the services of health care professionals and facilities. Studies have shown that persons with severe mental illnesses are likely to die 25 years earlier than persons in the general population. These deaths occur due to chronic medical conditions: heart diseases, lung diseases, diabetes, infections, and obesity. Many of these problems could be prevented, treated and managed by combining primary health care with mental health care.

At the Federal level Block Grants are given to demonstration efforts that combine mental health and health programs. Locally, the Centers for Families and Children has such a grant. The Free Clinic combines mental health, AOD, and health services. The ADAMHS Board offers an incentive to agencies that merge mental health and health. The future portends more consolidations of these services. Professional education in medicine, psychology, nursing, and social work should reflect integrated training efforts.

Some behavioral health services are now included in training of physicians and other professions. Consultation, education and continued educational credits reflect an increase in interchanges between mental health and health professionals. Mental health care is sometimes offered by primary care professionals—pediatricians, internists, family practitioners, and geriatricians. Note the Board's slogan, "MENTAL HEALTH CARE IS HEALTH CARE."

COMPARISON WITH OTHER MAJOR OHIO COUNTIES

County funding

The Center for Community Solutions prepared a report in 2008 that compared Cuyahoga County's Investment (dollar allocation) to the ADAMHS Board with other Ohio county boards. In 2010 the Report was updated. In 2010 the County Investment from the Health and Human Services Levy to the ADAMAS Board was over \$36 million. (Additional mental health monies that are not assigned to the Board are drawn down by other County agencies, e.g. Juvenile Court, and the Department of Children and Family Services). On a per capita basis the Board received \$28.08, less levy dollars than other comparison counties.

Other Ohio counties Investments per capita for the same year were: Franklin--\$57.36; Hamilton--\$43.08; Summit--\$70.04; other county averages \$55.20. These figures demonstrate that Cuyahoga \$28.08 per capita compares poorly with other comparative counties.

The difference in the dollar support level between Cuyahoga and the other major Ohio counties is due to the fact that other major counties have a dedicated levy specifically

for mental health and alcohol and drug abuse services. At this time the Board's County allocation is solely from the Health and Human Services levy.

State funding

The State funding to Cuyahoga County is 20 cents per capita. The average for high population counties is 82 cents per capita; for low population counties the average is \$8.35.

One can appreciate the State providing greater funding to less populous counties with perhaps less financial resources to provide them with behavioral health and AOD services. However, Cuyahoga County 20 cents per capita cannot begin to serve the large indigent and working poor and the large Non-Medicaid population of this County.

LOOKING AHEAD

A major challenge for the Board will be whether to mount a dedicated levy campaign for Mental Health and Substance Abuse for Cuyahoga County. It is not an issue of having or not having a dedicated levy, but when.

It could take two years to develop the structure and campaign program to gather the support, enthusiasm and financial support for a levy. The Board will need to expand its public education programs, to reach and inform all voters in the County regarding the mission of the Board—providing needed mental health and substance abuse services to all County citizens. Public education by the Board and others could lessen the problem of stigma, and educate the public that mental health care is health care and that treatment helps.

The Board needs strong advocates for a levy campaign. NAMI would be a strong partner. More organization help will be necessary.

I envision a prestigious stakeholders' citizen group working in concert with the Board. There are also two organizations of agencies and agency executives now functioning: Council of Agency Directors, and Mental Health Advocacy Coalition. They could take a stronger role in advocating on behalf of the Board's dedicated levy campaign.

Cleveland once had an active viable Mental Health Association open to all citizens. It is now defunct in Cuyahoga County. Summit County has an active citizen involved chapter. We could explore the establishment of such a Mental Health Association in Cleveland, Cuyahoga County.

The advent of the newly enacted Federal Affordable Care Act (ACA) and the Insurance Health Exchanges portends the extension of health insurance to many uninsured persons in Ohio and in Cuyahoga County if the law continues. Estimates

range from 300,000 –600,000 persons in the State that could be covered depending on what the Governor and General Assembly will decide, and the limit on the percent of poverty level up to 133 percent to be eligible for Medicaid in the State.

The Governor has appointed a 'Czar' to oversee and coordinate the State Medicaid effort. At this time it is unknown to what extent Ohio will implement the ACA, and whether the Insurance Health Exchange will operate under State auspice (preferred) or by default by the Federal government.

We can assume that at some level there will be an increase both of Medicaid and private insurance health coverage. Such coverage increases could severely strain the County services already burdened by reduced budgets and staffing levels these past several years

On the other hand, an expansion of Medicaid eligibility, and Federal matching funds (total for the first two years and a slight lowering of Federal funds in later years) would supply new revenues for agency services. The State would have their share of the Medicaid match freed up which could go to expand community services. Direct Medicaid payments and insurance fees from the Health Exchanges could be further revenue for payments and expanded services.

A key problem could be the unavailability of sufficient professional staff to provide the services. Profession schools: medicine, nursing, psychology, social work would be pressed to increase their numbers to meet the higher service needs.

Under the ACA children up to age 26 years are now covered through their parents policies. It also includes Screening Services that are now permitted, that may facilitate new clients from schools, courts, welfare, health and social agencies.

In addition to professional expansion, new career roles may be required. Case management will need to be expanded and training intensified to deal with co-morbid situations—mental health and substance abuse. New hybrid training will be required to collaborate between primary health and behavioral health problems. Perhaps even a new type of health professional, comparable to a physician assistant would be helpful.

Medicaid payments to physicians and other professionals are low and noncompetitive. Psychiatrist salaries and other mental health professional salaries will need to be increased for Medicaid patients.

Primary care physicians may be attracted to work in health homes, a combination of health, mental health/substance abuse settings. The Board may need to subsidize such training. Workshops and consultation services jointly co-sponsored with University Hospitals and Cleveland Clinic would create greater acceptance of interdisciplinary programs and education.

POSTSCRIPT

On December 14, 2012, a heinous offense occurred at Sandy Hook Elementary School in Newtown Connecticut -- the killing of 20 six and seven- year-old children, and six adult teachers by a deeply mentally disturbed young man. Subsequently, there has been a nation-wide outpouring of anguish, concern and questions as to the availability of mental health services.

Cuyahoga County due to drastic budget cuts is challenged to identify and provide good mental health, alcohol and drug abuse services and treatment for persons in need. We must reach out to discover such afflicted persons, and offer sound treatment.

The time for an earmarked dedicated levy to support such services is NOW!

Developments in Calendar Year 2013

County Financial Support

County funding for ADAMHS is provided by two Health and Human Services levies spaced over a five year period. Over the past several years State and County funds have decreased. In particular while other County agencies received increases in County monies, ADAMHS received less and less funding.

The ADAMHS Board, its Chief Executive Officer, and stakeholders initiated efforts to enact a dedicated levy for mental health and addiction services. A position paper in April indicated additional need for more than \$46 million to support programs for those unserved residents not receiving Medicaid or having private insurance. These programs would include expanded clinical and detoxification services, housing and residential services, vocational and employment assistance, crisis intervention and peer supports.

The County Council did not approve a dedicated levy. Although seven members strongly endorsed the proposal, the required eight votes did not materialize, and it failed.

The County Council, aware and receptive to the needs of the ADAMHS Board and its programs, at a July 9 meeting unanimously voted for a replacement levy that increased one of the general Health and Human Services levies from 2.9 mils to 3.9 mils, and advanced the day from May 2014 to November 5, 2013. On Election Day, November 5, the voters passed this levy with a 55 percent voting approval. Passage of this levy will result in a probable budget allocation increase for fiscal year 2014-15 for the Board.

CALENDAR YEAR 2013 HIGHLIGHTS

COUNTY FINANCIAL SUPPORT

County funding for ADAMHS is provided by two Health and Human Services levies spaced over a five year period. Over the past several years State and County funds have decreased. In particular while other County agencies received increases in County monies, ADAMHS received less and less funding.

The ADAMHS Board, it's Chief Executive Director, and stakeholders initiated efforts to enact a dedicated levy for mental health and addiction services. A Board's position paper in April indicated additional need for more than 46 million dollars to support programs for those unserved residents not receiving Medicaid or having private insurance. These programs would include expanded clinical and detoxification services, housing and residential services, vocational and employment assistance, crisis intervention and peer support services.

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STATE AND FEDERAL SUPPORT FOR THE AFFORDABLE CARE ACT

The Affordable Care Act was declared constitutional by the U.S. Supreme Court. Most states with Democrat governors and/or legislatures set up state administrative 'exchanges' to help residents access expanded Medicaid, while Republican governors and/or legislators tended not to do so. Ohio's Governor John Kasich, Republican, strongly supported the Medicaid expansion. The Ohio General Assembly, dominated by Republicans, refused to support the Governor. On October 21 Governor Kasich bypassed the General Assembly by going directly to the State Controlling Board which approved Medicaid expansion.

Six Republican legislators challenged the Governor's action in court. The Ohio Supreme Court rejected their appeal and supported the Governor's Medicaid expansion for families and individuals up to 138 percent of the poverty level. These persons will qualify for benefits beginning January 2014. The state estimates that 275,000 persons will be added to Medicaid in the next several years.

FEDERAL RULES AND REGULATIONS

In November the Federal government issued Rules and Regulations that require insurers to cover care for mental health and addiction services at the same level as physical illness. The Rules

clarify the Mental Health Parity and Addiction Equity ACT, 2008. Insurance companies which until now placed roadblocks for mental health and addiction services, needing prior authorization for treatment in outpatient and hospitals, now will have to provide such services without prior authorization.

THE YEAR AHEAD

As noted these were significant developments in CY 2013. The Affordable Care Act, Medicaid expansion, and the greater County financial support will increase the number of persons served and the budget to support these increases. Mental illness and addiction continue as major serious health problems. Mental illness coexists in alcoholism, substance abuse, homelessness, incarceration and poverty. Services are available that could benefit children, adults and the elderly. Public education programs and information by the Board and contract agencies could encourage individuals to seek out these services.

H. Bernard Smith January 9, 2014

APPENDICES

- Appendix 1 List of Board Chairs
- Appendix 2 List of Board Executive Directors

**APPENDIX 1
CHRONOLOGICAL LISTING OF BOARD CHAIRS**

CUYAHOGA COUNTY COMMUNITY MENTAL HEALTH BOARD

1968-1970	TODD SIMON
1970-1972	L. DOUGLAS LENKOSKI, M.D.
1972-1974	MILTON MATZ, PH.D.
1974-1976	REV. DOUGLAS DENTON
1976-1978	JAMES FEENEY
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FY 1985	MARJORIE LOEWENTHAL
FY 1986-87	ELISABETH DREYFUSS
FY 1988-90	JAMES A. DRAPER
FY 1991-92	TRACEY BENNETT
FY 1993	DAVID C. MITCHELL, PH.D.
FY 1994-95	CHARLES H. BROMLEY
FY 1996-97	SUSAN M. ADAMS
FY 1998	KATHLEEN B. BURTON, RN, BSN
FY 1999-2002	MICHAEL J. THOMAS
FY 2003-2007	BONITA W. CAPLAN
FY 2007-2009	KATHRYN E. GAMBATESE

ALCOHOL AND DRUG ADDICTION SERVICES BOARD OF CUYAHOGA COUNTY*

	JOHN LEWIS
	MATTHEW DUNLAP
	CALVIN THOMAS
	DR. NJERI NURU
2001- 2002	CHARLES BROWN
2003 - 2004	THOMAS KIBANE
2005 - 2006	MARK BONDESON, PSY. D.
2007 - 2009	RUSSELL E. JOHNSON
2009	MARY MCELRATH

* *Full history of the ADASBCC was not available.*

**ALCOHOL, DRUG ADDICTION AND MENTAL HEALTH SERVICES BOARD
OF CUYAHOGA COUNTY**

FY2010	KATHRYN E. GAMBATESE
FY2011-2012	REV. CHARLOTTE STILL NOBLE
FY2013	HARVEY A. SNIDER, ESQ.

**APPENDIX 2
ROSTER OF EXECUTIVE DIRECTORS / C.E.O.'S**

CUYAHOGA COUNTY COMMUNITY MENTAL HEALTH BOARD

FY1968-1977	H. BERNARD SMITH, Executive Director
FY 1978-1986	JOHN R. WASTAK, Executive Director
FY1987	BRENDA LYLES, PH.D., Executive Director
FY1988	BARBARA KARBLER - (Acting Executive Director)
FY 1988-1992	TOARU ISHIYAMA, PH.D., Executive Director
FY1992	BARBARA KARBLER - (Acting Executive Director)
FY1992-1994	DR. PHILLIP DUKES, Executive Director
FY1994	ELLA THOMAS, MSSA, LISW - (Acting Executive Director)
FY1995-2001	ELLA THOMAS, MSSA, LISW – Chief Executive Officer
FY2002	VALERIA A. HARPER - (Acting Chief Executive Officer)
FY2003-FY2009	WILLIAM M. DENIHAN, Chief Executive Officer

ALCOHOL AND DRUG ADDICTION SERVICES BOARD OF CUYAHOGA COUNTY*

	SHADI ROMAN, Executive Director
- 2002	CASSONDRA MCCARTHUR, Executive Director
- 2002	RUSSELL S. KAYE, PH.D., Interim Executive Director
2002 – 2009	RUSSELL S. KAYE, PH.D., Executive Director

* Full history of the ADASBCC was not available.

**ALCOHOL, DRUG ADDICTION & MENTAL HEALTH SERVICES BOARD
OF CUYAHOGA COUNTY**

FY2010 – Present	WILLIAM M. DENIHAN, Chief Executive Officer
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